

Job # _____

Activity # _____

1. Work requester fills out this section

Requester: PHENIX Experiment

Date: 5/31/02

Ext. _____

Other Contact person (if different from requester): _____

Work Control Coordinator: W. Lenz / P. Kroon

Start Date: 6-1-02

End Date: 8-12-02

Description of Work / Problem: Additional restrictions inclusive of PHENIX Awareness Document and SBMS Procedure 2002-003 to allow Lianne Young to perform work at C-A facility PHENIX, building 1008. Access is not permitted into Controlled Areas. Access into RHIC Tunnel is by escort only. No work is allowed in RHIC Tunnel.

Building _____ Room _____ Equipment _____ Service Provider _____

2. Work requester, service provider, and ES&H (as necessary) fill out this section or attach analysis

ES&H Analysis

RADIATION CONCERNS ☐ NONE ☒ Activation ☐ Airborne ☐ Contamination ☐ Radiation ☐ OTHER _____
☐ Special nuclear materials involved, notify Isotope Special Materials Group ☐ Fissionable materials involved, notify Laboratory Criticality Officer

SAFETY CONCERNS ☒ NONE

<input type="checkbox"/> Adding / Removing Walls or Roofs	<input type="checkbox"/> Confined Space*	<input type="checkbox"/> Explosives	<input type="checkbox"/> Lead*	<input type="checkbox"/> Penetrating Fire Wall
<input type="checkbox"/> Asbestos*	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Flammable	<input type="checkbox"/> Magnetic Field	<input type="checkbox"/> Pressurized Systems
<input type="checkbox"/> Beryllium*	<input type="checkbox"/> Cryogenic	<input type="checkbox"/> Fumes/Mist/Dust*	<input type="checkbox"/> Material Handling	<input type="checkbox"/> Rigging/Critical Lift
<input type="checkbox"/> Biohazard*	<input type="checkbox"/> Electrical	<input type="checkbox"/> Heat/Cold Stress*	<input type="checkbox"/> Noise*	<input type="checkbox"/> Toxic Materials*
<input type="checkbox"/> Chemicals*	<input type="checkbox"/> Elevated Work*	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Non-ionizing Radiation	<input type="checkbox"/> Vacuum
	<input type="checkbox"/> Excavation	<input type="checkbox"/> Lasers*	<input type="checkbox"/> Oxygen Deficiency*	<input type="checkbox"/> OTHER _____

*Does this work require medical clearance or surveillance from the Occupational Medicine Clinic? ☐ Yes ☐ NoENVIRONMENTAL CONCERNS ☒ NONE

<input type="checkbox"/> Atmospheric Discharges (rad/non-rad)	<input type="checkbox"/> Liquid Discharges	<input type="checkbox"/> Soil activation/contamination	<input type="checkbox"/> Waste - Mixed
<input type="checkbox"/> Chemical or Rad Material Storage or Use	<input type="checkbox"/> Oil / PCB Management	<input type="checkbox"/> Waste - Clean	<input type="checkbox"/> Waste - Radioactive
<input type="checkbox"/> Cesspools (UIC)	<input type="checkbox"/> Protected areas / species	<input type="checkbox"/> Waste - Hazardous	<input type="checkbox"/> Waste - Regulated Medical
<input type="checkbox"/> High water / power consumption	<input type="checkbox"/> Spill potential	<input type="checkbox"/> Waste - Industrial	<input type="checkbox"/> OTHER _____

Waste disposition by: All waste is to be disposed of via C-A department and laboratory procedures.
Minimize waste when ever possible.

POLLUTION PREVENTION (P2) / WASTE MINIMIZATION OPPORTUNITY: ☒ None ☐ Yes

Facility Concerns

☒ NONE

<input type="checkbox"/> Access/Egress Limitations	<input type="checkbox"/> Impacts Facility Use Agreement	<input type="checkbox"/> Temperature Change	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> Configuration Control	<input type="checkbox"/> Maintenance Work on Ventilation Systems	<input type="checkbox"/> Utility Interruptions	
<input type="checkbox"/> Electrical Noise	<input type="checkbox"/> Potential to Cause a False Alarm	<input type="checkbox"/> Vibrations	

Work Controls

WORK PRACTICES	<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> Exhaust Ventilation	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Spill Containment
	<input type="checkbox"/> Back-up Person/Watch	<input type="checkbox"/> HP Coverage	<input type="checkbox"/> Posting/Warning Signs	<input type="checkbox"/> Time Limitation
	<input type="checkbox"/> Barricades	<input type="checkbox"/> IH Survey	<input type="checkbox"/> Scaffolding - requires inspection	<input type="checkbox"/> Warning alarm (i.e. "high level")

PROTECTIVE EQUIPMENT	<input type="checkbox"/> NONE	<input type="checkbox"/> Ear Plugs	<input type="checkbox"/> Gloves	<input type="checkbox"/> Lab Coat	<input checked="" type="checkbox"/> Safety Glasses
	<input type="checkbox"/> Coveralls	<input type="checkbox"/> Ear Muffs	<input type="checkbox"/> Goggles	<input type="checkbox"/> Respirator	<input type="checkbox"/> Safety Harness
	<input type="checkbox"/> Disposable Clothing	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Shoe covers	<input type="checkbox"/> Safety Shoes

☒ OTHER - NO open toe shoes.

PERMITS Initial next to box to show who has responsibility to generate the permit. Permits must be valid when job is scheduled.

REQUIRED (Please attach)	<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> Cutting/Welding	<input type="checkbox"/> Impair Fire Protection Systems
	<input type="checkbox"/> Concrete/Masonry Penetration	<input type="checkbox"/> Digging/Core Drilling	<input type="checkbox"/> Rad Work Permit
	<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Electrical Working Hot	<input type="checkbox"/> OTHER _____

DOSIMETRY/ MONITORING	<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> Heat Stress Monitor	<input type="checkbox"/> Real Time Monitor	<input type="checkbox"/> TLD
	<input type="checkbox"/> Air Effluent	<input type="checkbox"/> Noise Survey/Dosimeter	<input type="checkbox"/> Self-reading Pencil Dosimeter	<input type="checkbox"/> Waste Characterization
	<input type="checkbox"/> Ground Water	<input type="checkbox"/> O ₂ /Combustible Gas	<input type="checkbox"/> Self-reading Digital Dosimeter	<input type="checkbox"/> OTHER _____
	<input type="checkbox"/> Liquid Effluent	<input type="checkbox"/> Passive Vapor Monitor	<input type="checkbox"/> Sorbent Tube/Filter Pump	

Training Requirements (List below any location specific training requirements)

C-A Collider User, PHENIX Awareness, Electrical Safety, Back Safety as well as required BNL training requirements.

Based on analysis above, the Walkdown Team determines the risk, complexity, and coordination ratings below.

ES&H Risk Level: X LOW _____ MODERATE _____ HIGH
Complexity Level: X LOW _____ MODERATE _____ HIGH
Work Coordination: X LOW _____ MODERATE _____ HIGH

Note: If all the ratings are LOW, the Work Control Coordinator and Service Provider must sign for concurrence on the back side. Further review of the work permit is not required. If any ratings are MODERATE or HIGH, the entire permit must be completed.

3. Both work requester and service provider coordinate on work plan (use attachments for detailed plans)

Work Plan: (procedures, timing, equipment, and personnel availability need to be addressed) The following additional restrictions apply:

Electrical Safety- No work or diagnostic testing on energized systems or systems with stored energy > 10 Joules.

No Work at elevated heights (above 3 feet)

No use of powered machinery.

No lifting of object > 9 kg (20 lbs).

No entry into Confined Spaces.

No work with compressed, combustible, or flammable gases.

No work with chemicals without express approval of C-A ESHQ.

Work restricted to work described in letter of 5/20/02 from G. Young.

Special Working Conditions Required: All work is to be reviewed by Work Control Coordinator or PHENIX Safety Coordinator

Operational Limits Imposed:

Post Work Testing Required: Follow exit requirements on area postings (Activation Check may be required)

Job Safety Analysis Required: Yes ☐ X No ☒ **Walkdown Required:** Yes ☐ X No ☒

Reviewed By: Primary Reviewer will determine the size of the review team and the other signatures required based on hazards and job complexity. Primary Reviewer signature means that the hazards and risks that could impact ES&H have been identified and will be controlled according to BNL requirements.

Title	Name (print)	Signature	Life #	Date
Primary Reviewer	P. Cirmigliaro	<i>P. Cirmigliaro</i>	21868	5-30-02
ESHQ Division Head	R. Karol	<i>R. Karol</i>	15065	5-30-02
ESHQ Coordinator	A. Etkin	<i>A. Etkin</i>		5-31-02
L. Young's Guardian	G. Young	<i>G. Young</i>	40153	6-10-02
PHENIX Safety	W. Lenz	<i>W. Lenz</i>	13878	5-31-02
PHENIX WCC	P. Kroon	<i>P. Kroon</i>	13878	5-31-02
Liaison Physicist	Y. Makdisi	<i>Y. Makdisi</i>	15535	5-31-02
F.S Representative	G. Herman	<i>G. Herman</i>	20537	05-30-02

4. Job site personnel fills out this section

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements (including attached permits).

Job Site Supervisor W. Lenz / P. Kroon

Workers:

Lianne Young

Life #

X7629

Signature

Lianne R. Young

Workers are encouraged to provide feedback on ES&H concerns or on ideas for improved job work flow. Use feedback form or space below.

5. Work Requester or designee fills out this section

Conditions are Appropriate to Start Work: (Work permit has been reviewed, work controls are in place, and site is ready for job.)

All work is to be reviewed by Work Control

Coordinator or PHENIX Safety Coordinator

6. Work Requester determines if Post Job Review is required No ☒ X Yes (Fill in names of reviewers)

Post Job Review:

7. Worker provides feedback

Worker Feedback:

8. Work Control Coordinator (requesting dept.) checks quality of completed permit and closes out

Closeout: Name _____ Signature _____ Life #: _____ Date: _____

Comments: _____

Attachments : PHENIX Awareness Document (4/23/02), Letter from G. Young 5/20/02, SBMS Procedure 2002-003

US' CENTER FAX COVER SHEET

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UPTON, NEW YORK 11973

FAX NUMBER 516-344-8686

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TO: Bill Lenz

FAX #: 3253

5/28/02

NO. OF PAGES 2
INCLUDING COVER SHEET

for Lianne Young's file.

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May 20, 2002

Professor Carroll Bingham
Director, Joint Institute for Heavy Ion Research
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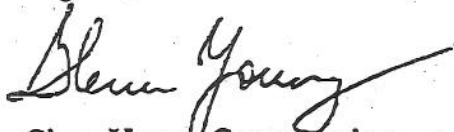
Dear Professor Bingham:

We have discussed my request to employ Lianne Young this summer as a student technician helping out on the PHENIX project. Lianne is 17 years old and will be a rising senior at Oak Ridge High School at the time of employment. Pursuant to the rules governing employment of minors at the Joint Institute, I hereby certify that in the job she will be performing:

1. She will not be exposed to ionizing radiation, either from accelerators or radioactive sources.
2. She will not be using bench-mounted power tools of any type.

The tasks will involve operating PC computer-based data-acquisition systems, hand-tool work involving cutting, bolting, and some soldering of circuit-board items, and use of standard laboratory hand instruments such as voltmeters and oscilloscopes.

Regards,



Glenn Young, Group Leader
Experimental Nuclear Physics

GY:lhs